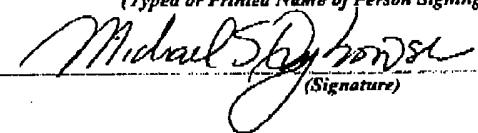


|  |  |  |                                      |
|--|--|--|--------------------------------------|
| <b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>   |  |  | Docket No.<br><b>121036-011</b>      |
| <b>Applicant(s):</b> Osamu KOBAYASHI et al.  |  |  |                                      |
| <b>Serial No.</b><br><b>09/980,225</b>   | <b>Filing Date</b><br><b>November 29, 2001</b> | <b>Examiner</b><br><b>Peter Mulcahy</b>                            | <b>Group Art Unit</b><br><b>1713</b> |
| <b>Invention:</b><br><b>MOLDING MATERIAL FOR USE WITH CARBON DIOXIDE REFRIGERANT</b>   |  | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><b>MAR 26 2004</b> |                                      |
| <b>OFFICIAL</b>  |  |  |                                      |
| <p>I hereby certify that this <u>RCE, Supplemental Amendment, Amendment Transmittal, EOT, Fees</u><br/> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>March 24, 2004</u><br/> <small>(Date)</small></p> <p style="text-align: right;"> <u>Michael S. Gzybowski</u><br/> <small>(Typed or Printed Name of Person Signing Certificate)</small><br/> <br/> <small>(Signature)</small> </p> <p style="text-align: center;"><small>0105REV01</small></p> <p><b>Note: Each paper must have its own certificate of mailing.</b></p> |  |  |                                      |

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**\$1,610.00**

## Complete if Known

|                      |                        |
|----------------------|------------------------|
| Application Number   | 09/980,225             |
| Filing Date          | November 29, 2001      |
| First Named Inventor | Osamu KOBAYASHI et al. |
| Examiner Name        | Peter Mulcahy          |
| Art Unit             | 1713                   |
| Attorney Docket No.  | 121036-011             |

| METHOD OF PAYMENT (check all that apply)   |   | FEE CALCULATION (continued)   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
|--|---|---|----------|--------------------------|-------------------|----------------|--------------|-----------------|---------------|-----------------|---------------|-----------------|--------|------------------------|---------|-------------------------------------|---------|-----------------------------------|---------|--|----------|---------------------------------------|----------|-----------------------------|---------|--|------------|---|--------|--|-----------|--|--|---------------|-------------|---|--|----------|---------|--|--|----------|----------|---|--|----------|----------|--|--|------------|----------|---|--|------------|------------|--|--|----------|----------|------------------|--|----------|----------|--|--|----------|----------|--------------------------|--|------------|------------|---|--|----------|---------|----------------------------------|--|------------|----------|------------------------------------|--|------------|----------|--------------------------------|--|----------|----------|------------------|--|----------|----------|-----------------|--|---|---|---|--|--|--|--|--|--------------|--------------|----------------|----------|---------------|---------------|-----------------|--|---------|--------|------------------------|--|---------|---------|-----------------------------------|--|----------|----------|---------------------------------------|--|---------|---------|--|--|---------|--------|--|--|--------------------------|--|---------------|--|---|--|--|--|-----------------------------------|--|--|--|--------------------------|-------------------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account<br>Deposit Account Number <b>12-2136</b><br>Deposit Account Name <b>BUTZEL LONG</b>   |   | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td>Fee Description</td> <td></td> </tr> <tr> <td>1051 130</td> <td>2051 65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052 50</td> <td>2052 25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053 130</td> <td>1053 130</td> <td>Non - English specification</td> <td></td> </tr> <tr> <td>1812 2,520</td> <td>1812 2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>1804 920*</td> <td>1804 920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805 1,840*</td> <td>1805 1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251 110</td> <td>2251 55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252 420</td> <td>2252 210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253 950</td> <td>2253 475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254 1,480</td> <td>2254 740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255 2,010</td> <td>2255 1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401 330</td> <td>2401 165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402 330</td> <td>2402 165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403 290</td> <td>2403 145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451 1,510</td> <td>1451 1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452 110</td> <td>2452 55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453 1,330</td> <td>2453 665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501 1,330</td> <td>2501 665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502 480</td> <td>2502 240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503 640</td> <td>2503 320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>Total Claims <input type="checkbox"/> -20** = <b>0</b> X <input type="checkbox"/> = <b>0.00</b></td> <td>Independent Claims <input type="checkbox"/> - 3** = <b>0</b> X <input type="checkbox"/> = <b>0.00</b></td> <td>Multiple Dependent <input type="checkbox"/> = <b>0.00</b></td> <td></td> </tr> <tr> <td colspan="4"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND DESIGN PATENTS</b><br/> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td>Fee Description</td> <td></td> </tr> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (2) (\$)</b></td> <td><b>\$0.00</b></td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="4">           *or number previously paid, if greater. For Reissues, see above         </td> </tr> <tr> <td colspan="4">           *Reduced by Basic Filing Fee Paid         </td> <td><b>SUBTOTAL (3) (\$)</b></td> <td><b>\$1,610.00</b></td> </tr> </tbody> </table> |          |                          |                   | Large Entity   | Small Entity | Fee Description | Fee Paid      | Fee Code (\$)   | Fee Code (\$) | Fee Description |        | 1051 130               | 2051 65 | Surcharge - late filing fee or oath |         | 1052 50                           | 2052 25 | Surcharge - late provisional filing fee or cover sheet |          | 1053 130                              | 1053 130 | Non - English specification |         | 1812 2,520   | 1812 2,520 | For filing a request for ex parte reexamination |        | 1804 920*  | 1804 920* | Requesting publication of SIR prior to Examiner action |  | 1805 1,840*   | 1805 1,840* | Requesting publication of SIR after Examiner action |  | 1251 110 | 2251 55 | Extension for reply within first month |  | 1252 420 | 2252 210 | Extension for reply within second month |  | 1253 950 | 2253 475 | Extension for reply within third month |  | 1254 1,480 | 2254 740 | Extension for reply within fourth month |  | 1255 2,010 | 2255 1,005 | Extension for reply within fifth month |  | 1401 330 | 2401 165 | Notice of Appeal |  | 1402 330 | 2402 165 | Filing a brief in support of an appeal |  | 1403 290 | 2403 145 | Request for oral hearing |  | 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding |  | 1452 110 | 2452 55 | Petition to revive - unavoidable |  | 1453 1,330 | 2453 665 | Petition to revive - unintentional |  | 1501 1,330 | 2501 665 | Utility issue fee (or reissue) |  | 1502 480 | 2502 240 | Design issue fee |  | 1503 640 | 2503 320 | Plant issue fee |  | Total Claims <input type="checkbox"/> -20** = <b>0</b> X <input type="checkbox"/> = <b>0.00</b> | Independent Claims <input type="checkbox"/> - 3** = <b>0</b> X <input type="checkbox"/> = <b>0.00</b> | Multiple Dependent <input type="checkbox"/> = <b>0.00</b> |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND DESIGN PATENTS</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td>Fee Description</td> <td></td> </tr> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (2) (\$)</b></td> <td><b>\$0.00</b></td> <td></td> </tr> </tbody> </table> |  |  |  | Large Entity | Small Entity | Fee from below | Fee Paid | Fee Code (\$) | Fee Code (\$) | Fee Description |  | 1202 18 | 2202 9 | Claims in excess of 20 |  | 1201 86 | 2201 43 | Independent claims in excess of 3 |  | 1203 290 | 2203 145 | Multiple dependent claim, if not paid |  | 1204 86 | 2204 43 | ** Reissue independent claims over original patent |  | 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2) (\$)</b> |  | <b>\$0.00</b> |  | *or number previously paid, if greater. For Reissues, see above |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3) (\$)</b> | <b>\$1,610.00</b> |
| Large Entity   | Small Entity  | Fee Description   | Fee Paid |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| Fee Code (\$)  | Fee Code (\$)   | Fee Description   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1051 130   | 2051 65   | Surcharge - late filing fee or oath   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1052 50  | 2052 25   | Surcharge - late provisional filing fee or cover sheet  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1053 130   | 1053 130  | Non - English specification   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1812 2,520   | 1812 2,520  | For filing a request for ex parte reexamination   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1804 920*  | 1804 920*   | Requesting publication of SIR prior to Examiner action  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1805 1,840*  | 1805 1,840*   | Requesting publication of SIR after Examiner action   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1251 110   | 2251 55   | Extension for reply within first month  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1252 420   | 2252 210  | Extension for reply within second month   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1253 950   | 2253 475  | Extension for reply within third month  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1254 1,480   | 2254 740  | Extension for reply within fourth month   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1255 2,010   | 2255 1,005  | Extension for reply within fifth month  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1401 330   | 2401 165  | Notice of Appeal  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1402 330   | 2402 165  | Filing a brief in support of an appeal  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1403 290   | 2403 145  | Request for oral hearing  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1451 1,510   | 1451 1,510  | Petition to institute a public use proceeding   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1452 110   | 2452 55   | Petition to revive - unavoidable  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1453 1,330   | 2453 665  | Petition to revive - unintentional  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1501 1,330   | 2501 665  | Utility issue fee (or reissue)  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1502 480   | 2502 240  | Design issue fee  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1503 640   | 2503 320  | Plant issue fee   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| Total Claims <input type="checkbox"/> -20** = <b>0</b> X <input type="checkbox"/> = <b>0.00</b>  | Independent Claims <input type="checkbox"/> - 3** = <b>0</b> X <input type="checkbox"/> = <b>0.00</b> | Multiple Dependent <input type="checkbox"/> = <b>0.00</b>   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND DESIGN PATENTS</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td>Fee Description</td> <td></td> </tr> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (2) (\$)</b></td> <td><b>\$0.00</b></td> <td></td> </tr> </tbody> </table> |   |   |          | Large Entity             | Small Entity      | Fee from below | Fee Paid     | Fee Code (\$)   | Fee Code (\$) | Fee Description |               | 1202 18         | 2202 9 | Claims in excess of 20 |         | 1201 86                             | 2201 43 | Independent claims in excess of 3 |         | 1203 290   | 2203 145 | Multiple dependent claim, if not paid |          | 1204 86                     | 2204 43 | ** Reissue independent claims over original patent |            | 1205 18   | 2205 9 | ** Reissue claims in excess of 20 and over original patent |           | <b>SUBTOTAL (2) (\$)</b>                               |  | <b>\$0.00</b> |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| Large Entity   | Small Entity  | Fee from below  | Fee Paid |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| Fee Code (\$)  | Fee Code (\$)   | Fee Description   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1202 18  | 2202 9  | Claims in excess of 20  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1201 86  | 2201 43   | Independent claims in excess of 3   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1203 290   | 2203 145  | Multiple dependent claim, if not paid   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1204 86  | 2204 43   | ** Reissue independent claims over original patent  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| 1205 18  | 2205 9  | ** Reissue claims in excess of 20 and over original patent  |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| <b>SUBTOTAL (2) (\$)</b>   |   | <b>\$0.00</b>   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| *or number previously paid, if greater. For Reissues, see above  |   |   |          |                          |                   |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |
| *Reduced by Basic Filing Fee Paid  |   |   |          | <b>SUBTOTAL (3) (\$)</b> | <b>\$1,610.00</b> |                |              |                 |               |                 |               |                 |        |                        |         |                                     |         |                                   |         |  |          |                                       |          |                             |         |  |            |   |        |  |           |  |  |               |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |   |   |   |  |  |  |  |  |              |              |                |          |               |               |                 |  |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                          |  |               |  |   |  |  |  |                                   |  |  |  |                          |                   |

SUBMITTED BY

Complete if applicable

|                   |                             |                                   |        |           |                |
|-------------------|-----------------------------|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Michael S. Gzybowski        | Registration No. (Attorney/Agent) | 32,816 | Telephone | 734-995-3110   |
| Signature         | <i>Michael S. Gzybowski</i> |                                   |        | Date      | March 24, 2004 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.